Sanitized Copy Approved for Release 2010/08/18 : CIA-RDP88G00186R000300270002-2 **ROUTING AND TRANSMITTAL SLIP** 23 DEC 1985 TO: (Name, office symbol, room number, building, Agency/Post) Date EXO/DDA 4 DEC 1985 ADDA 1985 DDA DDA REGISTRY File Note and Return Action Approval For Clearance Per Conversation As Requested For Correction Prepare Reply Circulate For Your Information See Me Comment Investigate Signature Coordination Justify REMARKS

STAT

STAT

85-4337

STAT

| ROUTING AND RECORD SHEET                             |                      |                    |   |  |
|--|----------------------|--------------------|---|--|
| SUBJECT: (Optional)                                  |                      | 7                  |   |  |
| FROM:  |                      | EXTENSION          | NO.   |  |
| Chief, Safety Division, OMS                          |                      |                    | DATE 19 December 1985   |  |
| TO: (Officer designation, room number, and building) | DATE  RECEIVED FORWA | OFFICER'S INITIALS | COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.) |  |
| Director of Medical 1D4061 Hqs.                      |                      | A                  | Attached is the CIA's Annual<br>Occupational Safety and Healt   |  |
| 2.   | 1334                 |                    | Report to the Secretary of Labor which is due 1 January 1986. Highlights and                            |  |
| 3.   |                      |                    | shortfalls are summarized in the letter of transmittal.   |  |
| 4.   |                      |                    |   |  |
| 5.   |                      |                    |   |  |
| 6. DDA<br>7D-18 Hqs.                                 | 12/24                | 1                  |   |  |
| 7.   | 1//                  |                    |   |  |
| 8.   |                      |                    |   |  |
| 9.   |                      |                    |   |  |
| 10.  |                      |                    |   |  |
| 11.  |                      |                    |   |  |
| 12.  |                      |                    |   |  |
| 13.  |                      |                    |   |  |
| 14.  |                      |                    |   |  |
| 15.  |                      |                    |   |  |

FORM 610 USE PREVIOUS